2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly Full Name	Tonya J.	ANAWIN	Work Address	255 <	Seaven R	d. Belnort	NH
Primary Occupation	Educator	5	optional			Work Phone	(603)267-6525
Name the office, position			School	se	Board of	F Trustees	

directors, etc. or employment with state or county government held by you. NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1.	
2.	

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

Ŕ	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Spice Spice									
Γ	2. Health Care 🎵 3	B. Insurance	4. Real Estate, in agent, develope	cluding brokers,	5. Banki services	ing or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment		
K	7. N.H. Retirement	8. Current u assessment p					ion of alcoholic	☐ 11. Practice of law		
Γ	12. Any business regulated by the Public13.Utilities Commissionof ga			e or dog racing, or other le ng	gal forms	14. Education	15. Water Resources			
Γ	16. Agriculture	-			est and ends Tax		pecify any other are l interest	ea in which you have a		

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. **RECEIVED**

Date _____

Signature of Reporting Individual

JAN 1 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301